

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1									
2											
3											
4											
5	1										
6											
7											
8											
9											
10											
11	1										
12											
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19	1										
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49											
50											
TOTAL IND.	3		↓		↓		↓				
TOTAL DEP.	22		↔		↔		↔				
TOTAL CLAIMS	25										

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS